

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200002	(CITY OR TOWN AGAWAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RESTAURANT	GROUP L'UVA,LLC	
DOING BUSINESS A THE FEDERA	L	
ADDRESS 135 COOPER ST		
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01001
MANAGER: SANTANIELLO, T RAFFAELE L.	YPE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
TWO STORY BLDG, FIRST FLOOR ROOM,LIBRARY,KITCHEN,LADIE, WAITERSQUARTERS,STORAGE R	S AND MENS ROOMS,	2ND FLR; STEWARDS QUARTERS,
I hereby certify and swear under penalt	ies of perjury that:	
1. the renewed license will be	of the same type for the sa	ame premises now licensed;
2. the licensee has complied w		•
3. the premises are now open f	or business (If not explain	n below)
SIGNED BY		
Individual, Parti	ner or Authorized Corpora	ate Officer
DATE: TELEPHO		EMBLOVED IDENTIFICATION ALLIMPED.
TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved expiaili)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200003	C	ITY OR TOWN AGAWAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ITALIAN SPO	ORTING CLUB	
DOING BUSINESS A		
ADDRESS 349 COOPER ST		
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01001
MANAGER: PALAZZI, ALDO	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PROONE FLOOR, THREE ROOMS, GAS I hereby certify and swear under pendent of the renewed license will be a seen as complied and the premises are now open signed. SIGNED BY	AME ROOM (TWO BOCCE alties of perjury that: De of the same type for the same	me premises now licensed; nwealth relating to taxes; and below)
individual, i d	nuler of Additionized Corporati	ac officer
DATE: TELEP!	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildir	ng inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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LICENSE NUN	MBER: 001200005	C	CITY OR TOWN AGAWAN	Л
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: WEST SPRIN	IGFIELD FISH & GAME C	LUB INC.	
DOING BUSIN	NESS A			
ADDRESS 329	GARDEN ST			
CITY/TOWN:	AGAWAM	STATE: MA	ZIP CODE: 01030	
	CAMPBELL, JANET M.	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
-	N OF LICENSED PR			
	S, FIRST FLOOR,KIT ARGE PICNIC ARE		BAR. CELLAR FOR STORA	GE AND
I hereby certify	and swear under pen	alties of perjury that:		
1. the 1	renewed license will b	be of the same type for the sa	me premises now licensed;	
2. the l	licensee has complied	with all laws of the Commo	nwealth relating to taxes; and	
3. the p	premises are now ope	n for business (If not explain	below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpora	te Officer	
D.A.TE				
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
			(170te. 1701 Marviduai Sociai i	security (vuilber)
Acts of 2004, s	signed by the buildir	ng inspector and the head o	ertificate required by Chap of the fire department for the nce required by Chapter 11	e above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	Capiani)			
DATE:				



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LICENSE NUMB	ER: 001200006	(CITY OR TOWN AGAWA	AM
APPLICATION F	OR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: DKJ CORP			
DOING BUSINES	SS A THE HEA	DQUARTERS		
ADDRESS 485 S	PRINGFIELD S'	Γ		
CITY/TOWN: A	GAWAM	STATE: MA	ZIP CODE: 01001	
	ERRING, OSEPH E. JR.	TYPE OF LICENSE: Resta	urant CATEGORY	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION C				
		DING, CELLAR FOR STORA ERVICE. ADDITIONAL 1,10		
		enalties of perjury that:		
•	-	l be of the same type for the sa	ame premises now licensed;	
		ed with all laws of the Commo	•	d
	•	oen for business (If not explain	•	
		· • • • • • • • • • • • • • • • • • • •	·	
SIGNED BY				
	Individual,	Partner or Authorized Corpora	nte Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, sig	ned by the build	we are in possession (1) the c ling inspector and the head c cate of liquor liability insura	of the fire department for t	he above
of 2010.				
Please Check Below: APPROVED:			LOCAL LICENSING AUT	HORITY
DISAPPROVED:			By:	
(If disapproved ex	1			
	- ′			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: SCOREBOARD BAR & RESTAURANT, INC DOING BUSINESS A	
LICENSEE NAME: SCOREBOARD BAR & RESTAURANT, INC	
DOING BUSINESS A	
ADDRESS 15 KING ST	
CITY/TOWN: AGAWAM STATE: MA ZIP CODE: 01001	
MANAGER: DELANEY, TYPE OF LICENSE: Restaurant CATEGORY: All Al MICHAEL M	cohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
THREE FLOORS, THREE ROOMS ON FIRST FLOOR, TWO ROOMS ON SECOND FLOOR, CELLAR FOR STORAGE	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
3. the premises are now open for business (If not explain below) SIGNED BY	
3. the premises are now open for business (If not explain below)	
3. the premises are now open for business (If not explain below) SIGNED BY	
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer	
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer	
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	of the
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Notes of 2004, signed by the building inspector and the head of the fire department for the above	of the
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Note: NOT Individual Social Security Notes of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010. Please Check Below: LOCAL LICENSING AUTHORITY	of the
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUI (Note: NOT Individual Social Security N Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	of the
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Note: NOT Individual Social Security Notes of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: By:	of the
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUI (Note: NOT Individual Social Security N We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	of the
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Note: NOT Individual Social Security Notes of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: By:	of the



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LICENSE NUMBER: 001200008	(CITY OR TOWN AGAWAM			
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS	YEAR			
LICENSEE NAME: VALENTI'S F	RESTAURANT INC.				
DOING BUSINESS A					
ADDRESS 1 Cooper St					
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01001			
MANAGER: VALENTI, JOSEPH D.	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol			
EMAIL ADDRESS:					
PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS			
DESCRIPTION OF LICENSED PR					
BUILDING 33 X 33ONE KITCHE ONE EXIT IN BACK, AND ONE I		REA, MEN'S AND LADIES' ROOM,			
I hereby certify and swear under penalties of perjury that:					
1. the renewed license will be	be of the same type for the sa	ame premises now licensed;			
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and			
3. the premises are now ope	n for business (If not explain	n below)			
SIGNED BY		0.07			
Individual, Pa	artner or Authorized Corpora	ate Officer			
]		
D.100					
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
		(Note. NOT individual Social Security Number)			
Acts of 2004, signed by the buildir	ng inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts			
Please Check Below:		LOCAL LICENSING AUTHORITY			
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200009		CITY OR TOWN	AGAWAM	[
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: RIVERSIDE PAR	K ENTERPRISES, IN	NC		
DOING BUSINESS A SIX FLAGS NEV	W ENGLAND			
ADDRESS 1477 MAIN ST.				
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE:	01001	
MANAGER: LAING, LISA TY	PE OF LICENSE: Res	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMI	SES:			
1 STORY BLDG LOCATED IN CLAM CONNECTED TO EATING PAVILLIO KITCHEN,CLAMBAKE & BBQ PITS A	N SEATING 1,000 F	ULLY EQUIPPED	E SPACE	
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises now	licensed;	
2. the licensee has complied with	all laws of the Comr	nonwealth relating t	o taxes; and	
3. the premises are now open for	business (If not expla	ain below)		
SIGNED BY Individual, Partner	r or Authorized Corpo	orate Officer		
DATE: TELEBRION		EMBLOVEI		NON NHIMBER
TELEPHON	IE NUMBER:			ION NUMBER: ecurity Number)
		(* 1990 <u>110 1</u> mil	arridual Boeiai B	cearry rumber)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	l of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		·		
		-		
DATE:				



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LICENSE NUMBER:	001200011		CI	TY OR TOW	'N AGAWAM	I
APPLICATION FOR	RENEWAL:	Annu	ıal	LIC	ENSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	RIVERSIDE PARK	ENTERPRI	SES, INC.			
DOING BUSINESS A	A SIX FLAGS NEW	ENGLAND				
ADDRESS 1623 MA	IN STREET					
CITY/TOWN: AGA	WAM	STATE:	MA	ZIP CODE:	01001	
MANAGER: LAIN	G, LISA- TYP	E OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS		J
DESCRIPTION OF L	ICENSED PREMIS	ES:				
BUILDING CONSIS' RIVERSIDE PARK:I STARLIGHT GARDI STANDS,MAMA MI ALL AMERICAN HO ROCKETS	DENTIFIED AS CH ENS, PIZZERIA UN A'S PIZZA AND AI	ICKEN FAN O,SAM AD <i>A</i> .ETIKI B <i>A</i>	ICY,RIVE AMS,ONE AR, RED S	R BOAT CAI COMMON S CHNOOR, C	FE, CITY HALI SHARED PATIO ORAL REEF D	O- 13 RINKS,
I hereby certify and sv	vear under penalties	of perjury tha	ıt:			
1. the renewe	d license will be of the	he same type	for the san	ne premises n	ow licensed;	
	e has complied with				g to taxes; and	
3. the premise	es are now open for b	ousiness (If n	ot explain	below)		
SIGNED BY	Individual, Partner	or Authorized	l Corporate	e Officer		
DATE:	TELEPHONE	E NUMBER:			YER IDENTIFICAT Individual Social S	
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and tl	ne head of	the fire depa	rtment for the	above
Please Check Below:			Ι	LOCAL LICE	NSING AUTHO	ORITY
APPROVED:	_		H	Ву:		
DISAPPROVED:	n)					
(If disapproved explai	11)		-			
			-			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200	012	CITY OR TOWN AGAWA	M
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: V M E	NTERPRISES INC.		
DOING BUSINESS A T.J. S	PORT HOUSE		
ADDRESS 1664 MAIN STRI	EET		
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01001	
MANAGER: VEILLEUX, I	DAVIDTYPE OF LICENSE: R	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
FIRST FLOOR- TWO ROOM	IS, MENS AND LADIES ROO	OMS	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for the	ne same premises now licensed;	
2. the licensee has con	mplied with all laws of the Con	nmonwealth relating to taxes; and	1
3. the premises are no	ow open for business (If not exp	plain below)	
SIGNED BY Individ	ual, Partner or Authorized Cor	porate Officer	
	,		
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
•		(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by the l	building inspector and the he	the certificate required by Chap ad of the fire department for th surance required by Chapter 11	ie above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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LICENSE NUMBE	R: 001200013		CITY OR TOWN	I AGAWAM	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BUC INC.				
DOING BUSINESS	A BUCCANEER LO	DUNGE			
ADDRESS 084-86	MAPLE ST.				
CITY/TOWN: AG	AWAM	STATE: MA	ZIP CODE:	01330	
MANAGER: FILA	A, MICHAEL C. TYP	'E OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	EMAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMIS	ES:			
TWO FLOORS, FII AND DINING ARE	RST FLOOR DINING EA	ROOM AND BAL	LROOM, BOTTON	M FLOOR, KI	TCHEN
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of t	he same type for the	e same premises nov	w licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the prem	ises are now open for	business (If not expl	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building ins (2) the certificate of	pector and the hea	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	oin)				
(11 disappioved expi	.a.iii <i>)</i>				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LI	CENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 001200014		CITY OR TOWN AGA	WAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: SABRE ENTERT	TAINMENT, LLC		
DOING BUSINESS A BOURBON PA	RK		
ADDRESS 360 N WESTFIELD ST			
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 0100)1
MANAGER: FARNUM, ROBERTTY	PE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM TWO FLOORS. 1ST FLR; DINING AI ENTRANCES AND EXITS, BAR ARE TABLES SEATING 26	REA AND KITCHEN		
1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for	f the same type for the th all laws of the Comm	nonwealth relating to taxes;	
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	IFICATION NUMBER: Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire department fo	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	UTHORITY
DATE:			



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LICENSE NUMBE	ER: 001200015		CITY OR TOW	N AGAWAM	
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: A.D.E ENTERPR	ISES, INC			
DOING BUSINES	S A CAPTAIN JIMM	⁄IY'S			
ADDRESS 916 SU	FFIELD ST				
CITY/TOWN: AC	GAWAM	STATE: MA	ZIP CODE:	01030	
MANAGER: RIZ	ZOS, EFTHIMIOSTY	PE OF LICENSE: Co	ommercial club	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
	F LICENSED PREMI				
	OUNGE AND BAN(E HALLWAY TO TH	~ · · · · · · · · · · · · · · · · · · ·		AGE AREA, K	ITCHEN
I hereby certify and	l swear under penaltie	s of perjury that:			
1. the rene	wed license will be of	the same type for the	e same premises no	ow licensed;	
	nsee has complied with			g to taxes; and	
3. the pren	nises are now open for	r business (If not expl	lain below)		
SIGNED BY	Individual Partne	er or Authorized Corp	orate Officer		
DATE:	ТЕІ ЕРНОМ	NE NUMBER:	EMPLOY	YER IDENTIFICAT	ION NUMBER:
	TEEE HOI	E IVONIBER.	(Note: NOT	Individual Social Se	ecurity Number)
We the undersign	ed, attest that we ar	o in nossossion (1) th	a cartificata rocu	sired by Chante	or 304 of the
	ed by the building in				
named license and of 2010.	d (2) the certificate o	f liquor liability insu	ırance required l	y Chapter 116	of the Acts
Please Check Below:			100111105	NODIO ATERIX	DIEN
APPROVED:]		LOCAL LICE By:	NSING AUTHO	ORITY
DISAPPROVED:			By.		
(If disapproved exp	olain)				
DATE:					
	EWAL MUST BE FILED BY 1	LICENSEES DUDING TUE A	AONTH OF NOVEMBER	OMGI Ch 120 ¢ 14	<u> </u>
ALLECATION FOR KEN	PAUTEMOST DE LIPEN BLI	PICEUSEES DOKING THE I	JOH TH OF NOVEMBER	. (1v1.U.L. CII. 130 \$ 10	in)



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LICENSE NUMBER: 001200016		CITY OR TOWN	AGAWAM	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: NANGIA, INC				
DOING BUSINESS A THE GARDEN				
ADDRESS 1422 MAIN ST				
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE:	01001	
MANAGER: KANOJIA, TY CHANDER PARKESH	PE OF LICENSE:Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	_			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		ı
DESCRIPTION OF LICENSED PREMI	SES:			
2 ROOMS, 1 ROOM WITH BOOTHS A TOTAL SEATING OF 80 PEOPLE, 1 K WOMENS HANDICAPPED ACCESSII MEALS AND LIQUORS.	CITCHEN 2 MAIN E	NTRANCES/EXITS	,1MEN'S AN	D 1
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises now	licensed;	
2. the licensee has complied with	h all laws of the Com	nonwealth relating t	o taxes; and	
3. the premises are now open for	r business (If not expl	ain below)		
SIGNED BY Individual, Partne	r or Authorized Corpo	orate Officer		
DATE: TELEPHON	NE NUMBER:		R IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	d of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:		-		



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LICENSE NU	MBER: 001200017		CITY OR TOWN	AGAWAM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: M.REILLY FOOI	D, CORP.		
DOING BUSI	NESS A MICHAEL'S PA	ASTA IN THE PAN		
ADDRESS 39	5 RIVER RD			
CITY/TOWN:	AGAWAM	STATE: MA	ZIP CODE:	01001
MANAGER:	B'SHARA, TY MICHAEL	PE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
FIRST FLOOI STORAGE	R LOUNGE AND DININ	G, SECOND FLOOI	R BANQUET ROOM	i. CELLAR FOR
I hereby certify	y and swear under penaltie	es of perjury that:		
1. the	renewed license will be or	f the same type for the	ne same premises now	licensed;
2. the	licensee has complied wit	th all laws of the Con	nmonwealth relating t	o taxes; and
3. the	premises are now open fo	r business (If not exp	plain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Cor	porate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Ind	dividual Social Security Number)
Acts of 2004,	signed by the building in	nspector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo			LOCAL LICENS	SING AUTHORITY
APPROVED:	<u> </u>		By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



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LICENSE NUMBER: 00	1200018		CI	TY OR TOW	/N AGAWAN	1
APPLICATION FOR RE	ENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: QU	UEST INC., THE	Ξ				
DOING BUSINESS A	MICHAEL ANT	HONY'S				
ADDRESS 1251 RIVER	RD					
CITY/TOWN: AGAWA	AM	STATE:	MA	ZIP CODE:	01001	
MANAGER: CRAIG, ANTHOI		PE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
TWO STORY BLDG, FI FLOOR AS A BANQUE				OMS AND L	OUNGE,SECO	ND
I hereby certify and swea	r under penalties	of perjury tha	ıt:			
1. the renewed li	icense will be of	the same type	for the san	ne premises n	ow licensed;	
2. the licensee h	as complied with	all laws of the	e Common	wealth relatir	ng to taxes; and	
3. the premises a	are now open for	business (If no	ot explain	below)		
SIGNED BY						
In	dividual, Partner	or Authorized	l Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ins	spector and tl	ne head of	the fire depa	artment for the	above
Please Check Below:			I	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			F	Ву:		
DISAPPROVED:						
(If disapproved explain)			-			
			-			
DATE:			-			



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LICENSE NUMBER: 001200019		CITY OR TOWN AGAWA	M
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: OMS HOSPI DOING BUSINESS A CHEZ JOSI ADDRESS 176 SHOEMAKER LA	EF		
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01001	
MANAGER: SPARKS, MARC W			: All Alcohol
EMAIL ADDRESS:	, THE OF EIGHNOL. ROSE	durant CritzGoki	. Am Anconor
	OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
	AREAS ROPED OFF AND nalties of perjury that: be of the same type for the sd with all laws of the Comm	00 SQ FT TO ACCOMODAT D INHOUSE SECURITY TO same premises now licensed; onwealth relating to taxes; and	E PEOPLE MONITOR
SIGNED BY Individual, P	artner or Authorized Corpor	rate Officer	
We the undersigned, attest that w			Security Number) oter 304 of the
Acts of 2004, signed by the buildi named license and (2) the certific of 2010.			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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LICENSE NUM	BER: 001200020		CITY OR TOWN	AGAWAM
APPLICATION	FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
DOING BUSINI	ME: CRESTVIEW NA ESS A SHOEMAKER LANE	TIONAL, LLC		
CITY/TOWN:	AGAWAM	STATE: MA	ZIP CODE:	01001
MANAGER: I	FLEURY, DAVID TY	PE OF LICENSE: Re	estaurant CA	ΓEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	OF LICENSED PREMI			
	FIRST FLOOR CONSI USED AS DINING RO		MS. SECOND FLOOR	CONSISTS OF
I hereby certify a	and swear under penaltie	s of perjury that:		
1. the re	enewed license will be of	the same type for the	e same premises now li	censed;
2. the lie	censee has complied with	h all laws of the Com	monwealth relating to	taxes; and
3. the pr	remises are now open for	r business (If not exp	lain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Acts of 2004, si	gned, attest that we are gned by the building in and (2) the certificate o	spector and the hea	d of the fire departme	
Please Check Below	<u>:</u>		LOCAL LICENSIN	NG AUTHORITY
APPROVED: [DISAPPROVED			By:	
(If disapproved e				
(11 disapproved t				
DATE:				
APPLICATION FOR R	ENEWAL MUST BE FILED BY I	LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G	.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00120002	21	CITY OR TOWN AGAWAM
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ST. ANN	E COUNTRY CLUB, INC	
DOING BUSINESS A ST. AN	NE COUNTRY CLUB	
ADDRESS 781 SHOEMAKER	LANE	
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01030
MANAGER: NAPOLITAN, THOMAS	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED		
	E, 19TH HOLE LOWER LEV	D FOR STORAGE. BUILDING EL BAR AND BA NQUET FACILITY UNDING 8'X10' SNACK BAR.
I hereby certify and swear under	penalties of perjury that:	
1. the renewed license v	vill be of the same type for the	same premises now licensed;
2. the licensee has comp	plied with all laws of the Com	monwealth relating to taxes; and
3. the premises are now	open for business (If not expl	ain below)
SIGNED BY Individua	l, Partner or Authorized Corpo	orate Officer
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bu	ilding inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	001200022		CITY OR TO	OWN AGAWA	M
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	THE MAIN ST. ST	LL,INC.			
DOING BUSINESS A	THE STILL				
ADDRESS 858 SUFF	IELD STREET				
CITY/TOWN: AGAV	WAM	STATE: MA	ZIP COI	DE: 01001	
MANAGER: MASL	ER,REBECC TYPI	E OF LICENSE: Res	taurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISI	ES:			
BLDG. IS APPROX. 1 ROOM, WITH 3 ENT 25' LONGPATIO H	RANCES/ EXITS.C				
I hereby certify and sw	ear under penalties o	of perjury that:			
1. the renewed	l license will be of the	ne same type for the	same premise	es now licensed;	
	has complied with a			ating to taxes; and	
3. the premise	s are now open for b	usiness (If not expla	in below)		
SIGNED BY	Individual, Partner of	or Authorized Corpo	rate Officer		
	individual, i urdior (or radiorized Corpor			
DATE:	TELEPHONE	NI IMBER:	EMP	LOYER IDENTIFICA	ATION NUMBER:
	TEELTHONE	TOMBER.	(Note: <u>N</u>	OT Individual Social	Security Number)
We the undersigned, Acts of 2004, signed anamed license and (2 of 2010.	by the building insp	ector and the head	of the fire d	epartment for th	e above
Please Check Below:			LOCAL LI	CENSING AUTH	HORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:			·		



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LICENSE NUI	VIBER: 001200023		CITY OR TOWN AG	AWAM
APPLICATION	N FOR RENEWAL:	Annual	LICENSED 1	FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN	AME: OAK RIDGE G NESS A	OLF CLUB INC		
ADDRESS 850) SO.WESTFIELD ST.			
CITY/TOWN:	AGAWAM	STATE: MA	ZIP CODE: 010	030
MANAGER:	STRYCHARZ, ANTHONY P. JR	YPE OF LICENSE: Rest	aurant CATEC	GORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PREI	MISES:		
PROSHOP, NI UNDER MAIN	NETEENTH HOLE RO	BLDG. CONSISTS OF C DOM AND BANQUET I YER ROOM. SNACK SH NG.	DINING ROOM, SNAC	K SHACKAND
I hereby certify	and swear under penal	ies of perjury that:		
1. the 1	renewed license will be	of the same type for the s	same premises now licens	sed;
2. the l	licensee has complied w	rith all laws of the Comm	onwealth relating to taxe	es; and
3. the 1	premises are now open	for business (If not explain	in below)	
SIGNED BY	Individual, Part	ner or Authorized Corpor	rate Officer	
DATE				
DATE:	TELEPHO	ONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	l Social Security Number)
Acts of 2004, s	signed by the building	are in possession (1) the inspector and the head of liquor liability insur	of the fire department	for the above
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE	1			
(If disapproved	explain)			
				,
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200024		CITY OR TOWN	AGAWAM	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: F.S.F., INC.				
DOING BUSINESS A RIVERBOAT BA	R & GRILL			
ADDRESS 11 SOUTH END BRIDGE CI	IRCLE			
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE:	01001	
MANAGER: FUSCO, ALICE D. TYP	'E OF LICENSE: Res	taurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISONE FLOOR, TWO ROOMS I hereby certify and swear under penalties 1. the renewed license will be of the second s	of perjury that: the same type for the all laws of the Comm business (If not expla	same premises now nonwealth relating to in below)		
Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMBER: 001200026		CITY OR TOWN AGAWAM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: TOWN OF A	AGAWAM		
DOING BUSINESS A			
ADDRESS 128 SOUTHWICK ST			
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01030	
MANAGER: ROBERTO, ANTHONY A.	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcoh	ıol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
TWO FLOORS, ONE ROOM ON	EACH FLOOR AND BAC	CK ROOM FOR STORAGE	
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	e same premises now licensed;	
2. the licensee has complie	ed with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now op	en for business (If not expl	ain below)	
DATE.	Partner or Authorized Corpo	orate Officer EMPLOYER IDENTIFICATION NUMBER	ED.
TELE.	PHONE NUMBER:	(Note: NOT Individual Social Security Numb	
Acts of 2004, signed by the build	ing inspector and the hea	ne certificate required by Chapter 304 of the department for the above arance required by Chapter 116 of the Act	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
ADDITION FOR DENEWAL MITET DE EIL	ED BY LICENSEES DUBING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0012	00027		CIT	TY OR TOW	N AGAWAN	1
APPLICATION FOR REN	EWAL:	Annua	1	LICE	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: POL	ISH AMERICAN	CLUB OF	AGAWAI	M INC.		
DOING BUSINESS A						
ADDRESS 139 SOUTHWI	ICK ST					
CITY/TOWN: AGAWAM	ſ	STATE:	MA	ZIP CODE:	01030	
MANAGER: LABUN, RO	ONALD TYPE (OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE A	ALSO VISIT OUR WEBSIT	TE AND ENTER Y	OUR EMAIL A	ADDRESS		
DESCRIPTION OF LICEN	SED PREMISES	:				
CLUB HOUSE AND PAVI ONE ROOM ON SECOND SERVICE BUILDING						
I hereby certify and swear u	nder penalties of p	perjury that:				
	1. the renewed license will be of the same type for the same premises now licensed;					
2. the licensee has	-			_	g to taxes; and	
3. the premises are	now open for bus	iness (If not	explain b	elow)		
SIGNED BY Indiv	vidual, Partner or A	Authorized	Corporate	Officer		
DATE:	TELEPHONE N	UMBER:		EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, attes Acts of 2004, signed by th named license and (2) the of 2010.	e building inspec	tor and the	head of	the fire depar	rtment for the	above
Please Check Below:			L	OCAL LICEN	NSING AUTH	ORITY
APPROVED:			В			
DISAPPROVED:						
(If disapproved explain)			_			
			_			
DATE:			_			



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LICENSE NU	MBER: 001200028		CITY OR TOWN AGAWAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE N	AME: AM.LEG.DEPT	.MA.WILSON-THOM	PSON POST #185 INC.
DOING BUSI	NESS A		
ADDRESS 47	'8 SPRINGFIELD ST		
CITY/TOWN	: AGAWAM	STATE: MA	ZIP CODE: 01030
MANAGER:	GALLANT, T SAMUEL	YPE OF LICENSE: Ve	terans club CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTIO	N OF LICENSED PREM	MISES:	
	ONSISTING OF BAR A ONE EXIT ON WEST SI		APPED BATHROOMS. 3 EXITS IN
I hereby certify	y and swear under penalt	ies of perjury that:	
1. the	renewed license will be	of the same type for the	same premises now licensed;
2. the	licensee has complied w	rith all laws of the Comr	monwealth relating to taxes; and
3. the	premises are now open f	for business (If not expl	ain below)
SIGNED BY			
2101(22 21		ner or Authorized Corpo	orate Officer
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROV			
(If disapprove	d explain)		
DATE:			
*			



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LICENSE NUMBER: 001200029		CITY OR TOWN	AGAWAM	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: Home Plate Sports E DOING BUSINESS A	Bar, LLC			
ADDRESS 827 SPRINGFIELD ST		ZID CODE	01020	
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE:	01030	
MANAGER: Diciocco, James TYPE	E OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISH BLDG. CONSISTING OF ONE MAIN PU UTILITY/STORAGE ROOM, REAR STO FLOOR.	JBLIC ROOM, KIT			
I hereby certify and swear under penalties of	of perjury that:			
1. the renewed license will be of the	ne same type for the	same premises now	licensed;	
2. the licensee has complied with a		•	taxes; and	
3. the premises are now open for b	usiness (If not expl	ain below)		
SIGNED BY Individual, Partner of	or Authorized Corpo	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI ividual Social Se	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and license and (2) the certificate of 1 of 2010.	pector and the head	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 001200030		CITY OR TOWN	AGAWAM	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
	AME: SIANA, INC. NESS A TAKE FIVE REST	AURANT			
ADDRESS 944	SPRINGFIELD ST				
CITY/TOWN:	AGAWAM	STATE: MA	ZIP CODE:	01030	
	DI BENEDETTO, TYPE LUIGI	OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMISE	S:			
	BUILDING CONSISTING C TH TWO ENTRANCES AN				
	premises are now open for but Individual, Partner of	usiness (If not expl	ain below)	o taxes; and	
DATE:	TELEPHONE	NUMBER:		LIDENTIFICATION NUMBER:	
Acts of 2004, s	signed, attest that we are in signed by the building inspe- and (2) the certificate of li	ector and the hea	d of the fire departi	nent for the above	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 001200031		CITY OR TOWN A	GAWAM
APPLICATION FO	OR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME	: SINAVARG LLO	C		
DOING BUSINESS	S A BRUBURGER	RESTAURANT		
ADDRESS 241 SO	UTH WESTFIELD	ST.		
CITY/TOWN: AC	GAWAM	STATE: MA	ZIP CODE:	01030
	NSTANTINO	YPE OF LICENSE: Rest	taurant CAT	EGORY: All Alcohol
EMAIL ADDRESS	3:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	F LICENSED PREM			
ONE FLOOR, FOU 3411 SQ. FT.	JR ROOMS, KITCH	IEN AND MAIN ROOM	M, TWO STORAGE A	AREAS. WITH
	nises are now open for	ith all laws of the Commor business (If not expla	in below)	axes; and
DATE:	TELEPHO	NE NUMBER:	EMPLOYER ID	ENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
Acts of 2004, signe	ed by the building i	re in possession (1) the inspector and the head of liquor liability insur	of the fire departme	nt for the above
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	Lain)			
(п аварргочеа ехр	14111 <i>)</i>			
DATE:				



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LICENSE NUMBER: 001200032		CITY OR TOWN AGAW	AM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FMLB, Inc DOING BUSINESS A Casa di Lisa Restau	ırant		
ADDRESS 801 SPRINGFIELD ST.			
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01030	
MANAGER: BRUNO, FRANk TYPE	E OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS	
ONE FLOOR. NO CELLAR. MONITOR IS ST. ALTERATION CONSISTS OF ADDI EXISTING BUILDING,32 FT. X 321 FT.	BUILDING. ONE S		
I hereby certify and swear under penalties of			
1. the renewed license will be of th	* *	•	
2. the licensee has complied with a3. the premises are now open for b		_	nd
3. the premises are now open for b	usiness (11 not expir	in below)	
SIGNED BY			
Individual, Partner of	or Authorized Corpo	rate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soc	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirated license and (2) the certificate of license and 2010.	ector and the head	of the fire department for	the above
Please Check Below:		LOGAL LIGENIANIA AN	ELIODIEN.
		LOCAL LICENSING AU	THORITY
APPROVED:		By:	THORITY
APPROVED: DISAPPROVED:			THORITY
APPROVED:			IHORITY
APPROVED: DISAPPROVED:			THORITY



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		CITY OR TOWN AGAWAM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	2
LICENSEE NAME: NAL FOOD COM	PANY INC.		
DOING BUSINESS A NICKY'S PIZZA			
ADDRESS 1000 MAIN STREET			
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01001	
MANAGER: LIQUORI, TYP ANTHONY	PE OF LICENSE: Res	category: All A	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
ONE FLOOR, TWO ENTRANCES ON S BLDG,STEEL FIREPROOF BUILDING			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the	same premises now licensed;	
2. the licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open for	business (If not expla	nin below)	
SIGNED BY			
Individual, Partner	or Authorized Corpo	orate Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION N	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NO (Note: NOT Individual Social Security	
DATE: TELEPHONE We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	in possession (1) the spector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 304 of the fire department for the above	Number) of the
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below:	in possession (1) the spector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 304 of the fire department for the above	Number) of the e e Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	in possession (1) the spector and the head	(Note: <u>NOT</u> Individual Social Security e certificate required by Chapter 304 l of the fire department for the above rance required by Chapter 116 of the	Number) of the e e Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the spector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 304 d of the fire department for the above rance required by Chapter 116 of the LOCAL LICENSING AUTHORITY	Number) of the e e Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	in possession (1) the spector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 304 d of the fire department for the above rance required by Chapter 116 of the LOCAL LICENSING AUTHORITY	Number) of the e e Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the spector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 304 d of the fire department for the above rance required by Chapter 116 of the LOCAL LICENSING AUTHORITY	Number) of the e e Acts



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APPLICATION FOR RENEWAL:		CITY OR TOWN AGAWAM	
ALL LICATION FOR REINEWAL.	Annual	LICENSED FOR 2013	
	CLASS	YEA	R
LICENSEE NAME: WHITE GLOVE CA	ATERERS INC.		
DOING BUSINESS A PARTNER'S RES	TAURANT		
ADDRESS 485 SPRINGFIELD STREET			
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01030	
MANAGER: TANSEY, MARK A. TYP	E OF LICENSE: Res	taurant CATEGORY: All	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
1908 S/F RESTAURANT AND KITCHEI AND 3 ADDITIONAL EXITS. SEATING AND CONCRETE FOUNDATION.			ORS
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the	same premises now licensed;	
2. the licensee has complied with		<u> </u>	
3. the premises are now open for b	business (If not expla	in below)	
SIGNED BY			
Individual Partner	or Authorized Corne	rata Officar	
Individual, Partner	or Authorized Corpo	rate Officer	
Individual, Partner	or Authorized Corpo	rate Officer	
DATE.			IIIMBED.
Individual, Partner of the DATE: TELEPHONE		EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security	Number)
DATE.	E NUMBER: in possession (1) the pector and the head	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security certificate required by Chapter 30 of the fire department for the above	Number) 4 of the
DATE: TELEPHONE We the undersigned, attest that we are a Acts of 2004, signed by the building insolution in the second control of the certificate	E NUMBER: in possession (1) the pector and the head	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security certificate required by Chapter 30 of the fire department for the above	4 of the e he Acts
DATE: TELEPHONE We the undersigned, attest that we are a Acts of 2004, signed by the building insolution in the second of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security certificate required by Chapter 30 of the fire department for the above	4 of the e he Acts
DATE: TELEPHONE We the undersigned, attest that we are a Acts of 2004, signed by the building inso named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security certificate required by Chapter 30 of the fire department for the above cance required by Chapter 116 of the LOCAL LICENSING AUTHORIT	4 of the e he Acts
DATE: TELEPHONE We the undersigned, attest that we are a Acts of 2004, signed by the building insolution in the second of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security certificate required by Chapter 30 of the fire department for the above cance required by Chapter 116 of the LOCAL LICENSING AUTHORIT	4 of the e he Acts
DATE: TELEPHONE We the undersigned, attest that we are a Acts of 2004, signed by the building inso named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the pector and the head	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security certificate required by Chapter 30 of the fire department for the above cance required by Chapter 116 of the LOCAL LICENSING AUTHORIT	4 of the e he Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	001200038		CITY C	R TOWN	AGAWAI	VI
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 2	2013
		CLASS				YEAR
LICENSEE NAME:	FERRENTINO IN	IC.				
DOING BUSINESS A	A FERRENTINO'S	S PIZZARIA AND F	UB			
ADDRESS 1676 MAI	IN STREET					
CITY/TOWN: AGA	WAM	STATE: MA	ZIP	CODE:	01001	
MANAGER: FERR FRAN	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE:R	estaurant	C	ATEGORY:	: All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRE	SS		_
DESCRIPTION OF L						
ONE FLOOR, KITCH REARDINING RO BRIDGE CIRCLE						
I hereby certify and sw	vear under penaltie	s of perjury that:				
		the same type for the	•			
2. the licensee	e has complied with	h all laws of the Con	nmonwealt	h relating	to taxes; and	
3. the premise	es are now open for	r business (If not exp	olain below	')		
SIGNED BY	Individual, Partne	r or Authorized Cor	oorate Offi	cer		
DATE:	TELEPHON	NE NUMBER:	(NI			ATION NUMBER:
			(140	ne: <u>NOI</u> in	dividual Social	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the he	ad of the f	ire depart	ment for the	e above
Please Check Below:			LOCA	L LICEN	SING AUTH	IORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	n)		·			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200039		CITY OR TOWN	AGAWAM	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: RAY-MOR INC				
DOING BUSINESS A ELBOW CAFE				
ADDRESS 386 WALNUT ST. EXT.				
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE:	01001	
MANAGER: PITEO, RONALD TYPE	PE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISONE STORY BLDG, BAR, DINING ARIA I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	eA,KITCHEN AND of perjury that: the same type for the all laws of the Comm	STORAGE SPACE same premises now nonwealth relating to in below)		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building insnamed license and (2) the certificate of of 2010.	spector and the head	of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER	a: 001200040		CITY OR TOWN AG	AWAM
APPLICATION FOR	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	New King Yen Ch	inese Restaurant, Inc	;	
DOING BUSINESS	A			
ADDRESS 340 Sprii	ngfield St			
CITY/TOWN: AGA	AWAM	STATE: MA	ZIP CODE: 01	001
MANAGER: La, M	fax TY	PE OF LICENSE: Re	estaurant CATEO	GORY: Wine and Malt Regular
EMAIL ADDRESS:				
:	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF				
ONE KITCHEN ARI			BACK AND FRONT, 2 R	ESTROOMS.
I hereby certify and s	wear under penaltie	s of perjury that:		
1. the renew	ed license will be of	the same type for the	e same premises now licer	ised;
2. the license	ee has complied with	h all laws of the Com	monwealth relating to tax	es; and
3. the premis	ses are now open for	r business (If not exp	lain below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corp	orate Officer	
D . 1777				
DATE:	TELEPHON	NE NUMBER:		NTIFICATION NUMBER:
			(Note: NOT marvidus	al Social Security Number)
Acts of 2004, signed	by the building in	spector and the hea	ne certificate required by Id of the fire department Urance required by Chap	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	:>			
(If disapproved expla	un)			
DATE:				



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LICENSE NUMBER: 001200041	'	CITY OR TOWN AGAWAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: E.B.'S FRANC	CHISE DEVELOPEMENT	CORP.
DOING BUSINESS A E.B.'S SPEC	IALTY CHICKEN	
ADDRESS 385 WALNUT ST EXT.		
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01001
MANAGER: BORGATTI, EDWARD P.	TYPE OF LICENSE: Rest	aurant CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PR	EMISES:	
FOYER WITH FOUR TABLES;2 F SOUTH COUNTER IN FOYER AR MENS ROOMS, HANDICAP REST EXIT, KITCHEN AREA AND 2 OF	EA; DINING ROOM WIT ROOMS,ONE EMPLOYE	H FOURTEEN TABLES,LADIES AND EE RESTROOM;ONE REAR
I hereby certify and swear under pena	alties of perjury that:	
1. the renewed license will be	e of the same type for the s	ame premises now licensed;
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open	n for business (If not explai	n below)
SIGNED BY Individual, Pa	rtner or Authorized Corpor	rate Officer
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ig inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 001200042		CITY OR TOWN AGAWAN	I
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME:	: MAPLEROCK,INC.			
DOING BUSINESS	S A MCCARTHY'S LIC	UORS		
ADDRESS 430 MA	AIN STREET			
CITY/TOWN: AG	AWAM	STATE: MA	ZIP CODE: 01001	
MANAGER: MC	CARTHY, JOHNTYPE	OF LICENSE: Paci	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS	_
DESCRIPTION OF	LICENSED PREMISE	S:		
ONE FLOOR,TWO	ROOMS, SALES AND	STOCK,NO CELI	LAR	
I hereby certify and	swear under penalties of	f perjury that:		
1. the renev	ved license will be of the	same type for the	same premises now licensed;	
2. the licens	see has complied with al	l laws of the Comm	onwealth relating to taxes; and	
3. the prem	ises are now open for bu	isiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner or	: Authorized Corpor	rate Officer	
D . 1975				
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: NOT Individual Social S	security Number)
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	001200043		CITY OR TOWN	AGAWAM	
APPLICATION FOR I	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WHIP CITY SPIRIT	ΓS INC.			
DOING BUSINESS A	RIVERSIDE LIQU	JORS			
ADDRESS 1811 MAI	N STREET				
CITY/TOWN: AGAV	VAM	STATE: MA	ZIP CODE:	01001	
MANAGER: EISEN JOHN		E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EN	MAIL ADDRESS		ı
DESCRIPTION OF LI	CENSED PREMIS	ES:			
ONE STORY WOOD I			S, ONE ROOM FO	R SALES, O	NE
3. the premises	s are now open for b	ousiness (If not explain		, taxes, and	
-	marvidual, i artilei (or rumorized corpe	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200045		CITY OR TOWN	AGAWAM	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	3
	CLASS		YI	EAR
LICENSEE NAME: JFMF CORP.				
DOING BUSINESS A CHEERS DIS	COUNT LIQUORS			
ADDRESS 416 SPRINGFIELD				
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE:	01001	
MANAGER: FARIA, JOSE C. 7	ΓΥΡΕ OF LICENSE: Pac	kage Store CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREI	MISES:			
ONE FLOOR, 2010 SQ FT. 960 FT FOR ADDITIONAL 300' FOR STORAGE.				
I hereby certify and swear under penal	ties of perjury that:			
1. the renewed license will be	=	same premises now	licensed;	
2. the licensee has complied w	• •	•		
3. the premises are now open		=		
	· · · · ·	·		
SIGNED BY				
	tner or Authorized Corpo	rate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICATION	N NUMBER:
		(Note: NOT Ind	ividual Social Secu	rity Number)
Please Check Below:		LOCAL LICENS	ING AUTHOR	ITV
APPROVED:		By:	ING ACTION	.111
DISAPPROVED:		2).		
(If disapproved explain)				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200046		CITY OR TOWN AGA	WAM
APPLICATION FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: SPROCKET S	PIRITS INC.		
DOING BUSINESS A PHIPPS DISC	COUNT LIQUORS		
ADDRESS 1350 SPRINGFIELD ST	REET		
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 0100)1
MANAGER: PHILLIPS, SPERO	TYPE OF LICENSE:Pa	ckage Store CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
ONE STORY BUILDING, TWO RO I hereby certify and swear under pena		OR, PARTIA L CELLAR FO	OR STORAGE
 the renewed license will be the licensee has complied the premises are now open 	with all laws of the Com	monwealth relating to taxes	
SIGNED BY Individual, Par	rtner or Authorized Corp	orate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	UTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	001200047		CITY OR TOV	VIN AGAWAIV	1
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
	SOUTH BRID	GEWATER CONVEN	NIENCE		
ADDRESS 1 SOUTH	END BRIDGE	DRIVE			
CITY/TOWN: AGA	WAM	STATE: MA	ZIP CODE	: 01001	
MANAGER: KIDW	AI, TAHA T	YPE OF LICENSE: P∂	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	MISES:			
APPROX 3500 SQ FI	ON STREET I	LEVEL. TWO ENTRA	ANCES, ONE EX	IIT TO REAR	
3. the premise		or business (If not exp			
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICATE	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICI By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001200048	CI	TY OR TOWN	AGAWAM	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YE	EAR
LICENSEE NAME: AGAWAM LIQUORS, IN	IC.			
DOING BUSINESS A SOUTHGATE LIQUOR	S			
ADDRESS 842 SUFFIELD STREET				
CITY/TOWN: AGAWAM ST	ATE: MA	ZIP CODE:	01001	
MANAGER: JAMESON, TYPE OF I BRADFORD H. C.	LICENSE: Packag	ge Store CA	ATEGORY: A	ll Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
TWO ROOMS,ONE FOR SALES AND ONE FOR ENTRANCES AND EXITS,ONE IN FRONT O			91 SQ FT, TW0	0
the licensee has complied with all law the premises are now open for busines SIGNED BY		_	taxes; and	
Individual, Partner or Aut	horized Corporate	e Officer		
DATE: TELEPHONE NUM	IBER:		IDENTIFICATION vidual Social Secu	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	ING AUTHOR	ITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	01200049		CITY OR IC	JWN AGAWAN	L
APPLICATION FOR R	RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A	AZON LIQUORS	S, INC.			
DOING BUSINESS A					
ADDRESS 384 WALN	IUT ST EXT				
CITY/TOWN: AGAW	/AM	STATE: MA	ZIP COD	DE: 01001	
MANAGER: BEAUL MICHA	ORY, TY	YPE OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIG	CENSED PREM	ISES:			
ONE FLOOR, TWO ROBETWEEN 384-382 W SPACE (1,000SQ. FT.)	ALNUT ST., A	NEW LOTTTERY F	REGISTER AR		
2. the licensee	has complied wi	of the same type for the the all laws of the Compor business (If not exp	monwealth rela		
SIGNED BY	Individual, Partn	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:		LOYER IDENTIFICAT OT Individual Social S	
Please Check Below: APPROVED:				CENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain))				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 001200050		CITY OR TOV	NN AGAWAN	
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: D.W. HOLD	INGS, INC			
DOING BUSINES	S A PARTHEN	ON RESTAURANT			
ADDRESS 835 SU	JFFIELD ST				
CITY/TOWN: AC	GAWAM	STATE: MA	ZIP CODE	i: 01001	
	ULLIVAN, NIEL	TYPE OF LICENSE: Rest	aurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
		OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF			CITELY OF AN I	DATE ON THE	
W/LIQUORS & CO	-	H TOTAL SEATING CAPA	ACITY OF 98 I	PATRONS. W&.	M
3. the pren		en for business (If not explai			
DATE:	TELE		FMPI (OYER IDENTIFICAT	TION NUMBER:
	I ELEI	PHONE NUMBER:		$\underline{\Gamma}$ Individual Social S	
Acts of 2004, sign	ed by the build	we are in possession (1) the ing inspector and the head rate of liquor liability insur	of the fire dep	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] blain)		LOCAL LICE	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: (01200051		CITY OR TOWN	I AGAWAN	1
APPLICATION FOR F	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: S					
ADDRESS 176 GARD	EN ST				
CITY/TOWN: AGAW	/AM	STATE: MA	ZIP CODE:	01001	
MANAGER: DOBRO	OWOLSKI, TYPI	E OF LICENSE: C	ub (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	ES:			
AUDITORIUM AND S BASEMENT, EXCLU IN THE REAR OF TH	DING BOWLING I	LANES NAD THE	PATIO AND OUT		
3. the premises	has complied with a sare now open for b	ousiness (If not exp	lain below)	to taxes; and	
•	norvicuui, i uriner	or riddiorized Corp	orate officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
			(Note: <u>NOT</u> I	ndividual Social S	Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building insp	pector and the hea	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED: DISAPPROVED: (If disapproved explain)		By:		
-					
D 4 777					
DATE:					



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APPLICATION FOR RENEV			
	VAL: Annual	LICENSED FOR 2013	
	CLASS	YEA	R
LICENSEE NAME: 342, IN	C		
DOING BUSINESS A MURI	PHY'S PUB		
ADDRESS 664 SUFFIELD S	TREET		
CITY/TOWN: AGAWAM	STATE: MA	ZIP CODE: 01001	
MANAGER: MURPHY, THOMAS P.	TYPE OF LICENSE: Re	staurant CATEGORY: All	Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
2. the licensee has con	ler penalties of perjury that: e will be of the same type for the mplied with all laws of the Com ow open for business (If not expl	monwealth relating to taxes; and	
Individ	ual, Partner or Authorized Corpo	orate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security)	
We the undersigned, attest t Acts of 2004, signed by the l	that we are in possession (1) th building inspector and the head		Number) 4 of the
We the undersigned, attest the Acts of 2004, signed by the lanamed license and (2) the ce	that we are in possession (1) th building inspector and the head	(Note: <u>NOT</u> Individual Social Security e certificate required by Chapter 30d of the fire department for the above	4 of the re ne Acts
We the undersigned, attest to Acts of 2004, signed by the language in the centre of 2010. Please Check Below: APPROVED:	that we are in possession (1) th building inspector and the head	(Note: <u>NOT</u> Individual Social Security e certificate required by Chapter 30d of the fire department for the aboverance required by Chapter 116 of the	4 of the re ne Acts
We the undersigned, attest to Acts of 2004, signed by the lonamed license and (2) the ce of 2010. Please Check Below: APPROVED: DISAPPROVED:	that we are in possession (1) th building inspector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 30d of the fire department for the aboverance required by Chapter 116 of the	4 of the re ne Acts
We the undersigned, attest to Acts of 2004, signed by the lonamed license and (2) the ce of 2010. Please Check Below: APPROVED: DISAPPROVED:	that we are in possession (1) th building inspector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 30d of the fire department for the aboverance required by Chapter 116 of the	4 of the re ne Acts
We the undersigned, attest to Acts of 2004, signed by the lanamed license and (2) the ce of 2010. Please Check Below:	that we are in possession (1) th building inspector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 30d of the fire department for the aboverance required by Chapter 116 of the	4 of the re ne Acts